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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IN03/00331 06/23/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

INDIA 552/MUM/2002 06/24/2002

INDIA 655/MUM/2002 07/19/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance	Examiner's Signature 	Initials 		

**ADDRESS**

23552

**TITLE**

Ayurvedic nutritional preparation

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